

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY	
			C. Request status (Mark (X) one)	02
			Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				<i>(Example-bom January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
a. Start					b. Non-duty			a. Purpose	08 c. Source
b. Complete					c. TOTAL			b. Type	09 d. Special interest
10									
11									

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION	Section D - APPROVALS
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21. Direct costs and appropriation/fund chargeable				26a. Immediate Supervisor - Name and title				Area code/Tel. No./Extension				
Item	Amount			Appropriation/fund								
	Dollars	Cents										
a. Tuition	\$			b. Signature				Date				
b. Books or materials				27a. Second-line Supervisor - Name and title				Area code/Tel. No./Extension				
c. Other (Specify)												
d. (Enter 4 digits in dollar column)	12			b. Signature				Date				
TOTAL ▶ \$												
22. Indirect costs and appropriation/fund chargeable				28a. Training Officer - Name and title				Area code/Tel. No./Extension				
Item	Amount			Appropriation/fund								
	Dollars	Cents										
a. Travel	\$			b. Signature				Date				
b. Per diem				29a. Authorizing official - Name and title				Area code/Tel. No./Extension				
c. Other (Specify)												
d. (Enter 4 digits in dollar column)	13			b. Signature				Approved				
TOTAL ▶ \$								Disapproved				
23. Document/Purchase Order/Requisition No.				Section E - APPROVAL/CONCURRENCE								
24. 8-Digit station symbol (Example - 12-34-5678) →												
25. BILLING INSTRUCTIONS (Furnish invoice to):				30a. Certifying official - Name and title				Area code/Tel. No./Extension				
				b. Signature				Date				

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)		01	B. OFFICE USE ONLY		
					C. Request status (Mark (X) one)	02
					Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				(Example-bom January 14, 1943 shown as 43/01)					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
	Year	Month	Day		a. During duty		Code		Code
a. Start					b. Non-duty			08	c. Source
b. Complete					c. TOTAL			09	d. Special interest
									10
									11

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION	Section D - APPROVALS
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21. Direct costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 12	TOTAL	\$	
22. Indirect costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Travel	\$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 13	TOTAL	\$	
23. Document/Purchase Order/Requisition No.			
24. 8-Digit station symbol (Example - 12-34-5678) →			

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
28a. Training Officer - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
Section E - APPROVAL/CONCURRENCE			
29a. Authorizing official - Name and title		Area code/Tel. No./Extension	
b. Signature		Approved	Date
		Disapproved	
Section F - CERTIFICATION OF TRAINING COMPLETION			
30a. Certifying official - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

25. BILLING INSTRUCTIONS (Furnish invoice to) :

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY	
			C. Request status (Mark (X) one)	02
			Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				<i>(Example-born January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
	a. Start				b. Non-duty				
	b. Complete				c. TOTAL			08	c. Source
								09	d. Special interest
AGENCY USE ONLY									

Section C - ESTIMATED COSTS AND BILLING INFORMATION

Section D - APPROVALS

21. Direct costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)			
TOTAL	\$		
22. Indirect costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Travel	\$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)			
TOTAL	\$		
23. Document/Purchase Order/Requisition No.			
24. 8-Digit station symbol (Example - 12-34-5678) →			

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
28a. Training Officer - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

Section E - APPROVAL/CONCURRENCE

29a. Authorizing official - Name and title		Area code/Tel. No./Extension	
b. Signature		Approved	Date
		Disapproved	

Section F - CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY	
			C. Request status (Mark (X) one)	02
			Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)	Enter first 5 letters of last name	03	2. Social Security Number	04	3. Date of Birth (Year and month)	05
			<i>(Example-bom January 14, 1943 shown as 43/01)</i>			
4. Home address (Number, street, city, State, ZIP code)		5. Home telephone		6. Position level (Mark (X) one only)		
		Area code		a. Non-supervisory c. Manager		
				b. Supervisory d. Executive		
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)			8. Office Telephone		9. Continuous civilian service	
			Area code Number Extension		Years Months	
					10. Number of prior non-government training days	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)	12. Pay plan/series/grade/step		13. Type of appointment	14. Education level

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)			15b. Location of training site (If same, mark box) → <input type="checkbox"/>		
16. Course title and training objectives (Benefits to be derived by the Government)					
17. Catalog/Course No.	18. Training period (6 digits)		06	19. No. of course hours (4 digits)	07
	Year	Month	Day	a. During duty	
a. Start				b. Non-duty	
b. Complete				c. TOTAL	
				20. Training codes (See instructions)	
				Code	
				08 c. Source	10
				09 d. Special interest	11

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION **Section D - APPROVALS**

21. Direct costs and appropriation/fund chargeable			26a. Immediate Supervisor - Name and title			Area code/Tel. No./Extension		
Item	Amount		Appropriation/fund					
	Dollars	Cents						
a. Tuition	\$							
b. Books or materials								
c. Other (Specify)								
d. (Enter 4 digits in dollar column)	12							
TOTAL		\$						
22. Indirect costs and appropriation/fund chargeable			26b. Signature			Date		
Item	Amount		Appropriation/fund					
	Dollars	Cents						
a. Travel	\$							
b. Per diem								
c. Other (Specify)								
d. (Enter 4 digits in dollar column)	13							
TOTAL		\$						
23. Document/Purchase Order/Requisition No.			27a. Second-line Supervisor - Name and title			Area code/Tel. No./Extension		
			b. Signature			Date		
24. 8-Digit station symbol (Example - 12-34-5678)			28a. Training Officer - Name and title			Area code/Tel. No./Extension		
			b. Signature			Date		
Section E - APPROVAL/CONCURRENCE								
25. BILLING INSTRUCTIONS (Furnish invoice to):			29a. Authorizing official - Name and title			Area code/Tel. No./Extension		
			b. Signature			Approved Date		
						Disapproved		
Section F - CERTIFICATION OF TRAINING COMPLETION								
			30a. Certifying official - Name and title			Area code/Tel. No./Extension		
			b. Signature			Date		

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY	
	C. Request status (Mark (X) one)			02
	Initial or Resubmission		Correction or Cancellation	

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05				
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)							
				Area code		a. Non-supervisory		c. Manager					
						b. Supervisory		d. Executive					
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days					
				Area code		Number		Extension		Years		Months	
11a. Position title/function			11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step			13. Type of appointment		14. Education level			

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year		Month		Day		a. During duty	
a. Start								a. Purpose	
b. Complete								b. Type	
								Code	
								Code	
								c. Source	
								d. Special interest	

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)			
TOTAL		\$	
22. Indirect costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Travel	\$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column)			
TOTAL		\$	
23. Document/Purchase Order/Requisition No.			
24. 8-Digit station symbol (Example - 12-34-5678) →			

Section D - APPROVALS

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
28a. Training Officer - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
Section E - APPROVAL/CONCURRENCE			
29a. Authorizing official - Name and title		Area code/Tel. No./Extension	
b. Signature		Approved	Date
		Disapproved	
Section F - CERTIFICATION OF TRAINING COMPLETION			
30a. Certifying official - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

25. BILLING INSTRUCTIONS (Furnish invoice to) :

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY		
				C. Request status (Mark (X) one)	02
				Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
								<i>(Example-bom January 14, 1943 shown as 43/01)</i>	
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code		Number		Extension	
						Years		Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year		Month		Day		a. During duty	
a. Start								a. Purpose	
b. Complete								Code	
								08	
								c. Source	
								09	
								d. Special interest	
								10	
								11	

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION **Section D - APPROVALS**

21. Direct costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Tuition	\$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 12			
TOTAL	\$		
22. Indirect costs and appropriation/fund chargeable			
Item	Amount		Appropriation/fund
	Dollars	Cents	
a. Travel	\$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 13			
TOTAL	\$		
23. Document/Purchase Order/Requisition No.			
24. 8-Digit station symbol (Example - 12-34-5678) →			

26a. Immediate Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
27a. Second-line Supervisor - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
28a. Training Officer - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

Section E - APPROVAL/CONCURRENCE

25. BILLING INSTRUCTIONS (Furnish invoice to):			
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29a. Authorizing official - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	
		Disapproved	
Section F - CERTIFICATION OF TRAINING COMPLETION			
30a. Certifying official - Name and title		Area code/Tel. No./Extension	
b. Signature		Date	

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REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)	01	B. OFFICE USE ONLY
			C. Request status (Mark (X) one)
			02
		Initial or Resubmission	Correction or Cancellation

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				<i>(Example-bom January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
a. Start					b. Non-duty			08	c. Source
b. Complete					c. TOTAL			09	d. Special interest
									10
									11

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION **Section D - APPROVALS**

21. Direct costs and appropriation/fund chargeable				26a. Immediate Supervisor - Name and title				Area code/Tel. No./Extension				
Item	Amount			Appropriation/fund								
	Dollars	Cents										
a. Tuition	\$				b. Signature				Date			
b. Books or materials					27a. Second-line Supervisor - Name and title				Area code/Tel. No./Extension			
c. Other (Specify)					b. Signature				Date			
d. (Enter 4 digits in dollar column)	12				28a. Training Officer - Name and title				Area code/Tel. No./Extension			
TOTAL	\$			b. Signature				Date				
22. Indirect costs and appropriation/fund chargeable				28a. Training Officer - Name and title				Area code/Tel. No./Extension				
Item	Amount			Appropriation/fund								
	Dollars	Cents										
a. Travel	\$			b. Signature				Date				
b. Per diem												
c. Other (Specify)												
d. (Enter 4 digits in dollar column)	13			29a. Authorizing official - Name and title				Area code/Tel. No./Extension				
TOTAL	\$			b. Signature				Date				
23. Document/Purchase Order/Requisition No.				b. Signature				Date				
24. 8-Digit station symbol (Example - 12-34-5678)												
25. BILLING INSTRUCTIONS (Furnish invoice to) :												
				30a. Certifying official - Name and title				Area code/Tel. No./Extension				
				b. Signature				Date				

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.

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	Initial or Resubmission		Correction or Cancellation		

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				<i>(Example-born January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step		13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
a. Start					b. Non-duty			08 c. Source	
b. Complete					c. TOTAL			09 d. Special interest	
								11	

AGENCY USE ONLY

Section C - ESTIMATED COSTS AND BILLING INFORMATION **Section D - APPROVALS**

21. Direct costs and appropriation/fund chargeable				26a. Immediate Supervisor - Name and title				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund											
		Dollars	Cents												
a. Tuition		\$						b. Signature				Date			
b. Books or materials								27a. Second-line Supervisor - Name and title				Area code/Tel. No./Extension			
c. Other (Specify)												b. Signature			
d. (Enter 4 digits in dollar column)								12 TOTAL		\$					
22. Indirect costs and appropriation/fund chargeable				28a. Training Officer - Name and title				Area code/Tel. No./Extension							
Item		Amount		Appropriation/fund											
		Dollars	Cents												
a. Travel		\$						b. Signature				Date			
b. Per diem								29a. Authorizing official - Name and title				Area code/Tel. No./Extension			
c. Other (Specify)												b. Signature			
d. (Enter 4 digits in dollar column)				13 TOTAL		\$					Disapproved				
23. Document/Purchase Order/Requisition No.				30a. Certifying official - Name and title				Area code/Tel. No./Extension							
24. 8-Digit station symbol (Example - 12-34-5678) →				Section E - APPROVAL/CONCURRENCE				Section F - CERTIFICATION OF TRAINING COMPLETION							
25. BILLING INSTRUCTIONS (Furnish invoice to):				b. Signature				Date							

TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.